

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7801**

**FILED MAR 20 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5125** Registrar's No. **277**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Rural Center</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Rural Center</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>R.F.D. # 6, St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. # 6, St. Joseph</b>	
3. NAME OF DECEASED (Type or Print) <b>NORA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 8 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 15, 1882</b>
9. AGE (In years last birthday) <b>67</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Gainsborough, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Neal Carver</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Nathan Gray (de)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hubert Gray, El Reno, Oklahoma</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertensive arteriosclerosis</b> <b>Cardiovascular disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fall and fracture of arm</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>442 XF</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Mar 5, 1950</b> , to <b>Mar 8, 1950</b> , that I last saw the deceased alive on <b>Mar 5, 1950</b> , and that death occurred at <b>9:55 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Dr. Grant M.D.</b>		23b. ADDRESS <b>St. Joseph Mo</b>	
23c. DATE SIGNED <b>3:10:50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3-10-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Public</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		DATE REC'D BY LOCAL REG <b>Mar. 13, 1950</b>	
REGISTRAR'S SIGNATURE <b>W. C. Jenkins</b>		FEDERAL DIRECTOR'S SIGNATURE <b>John E. Kupp</b>	
ADDRESS <b>St. Joseph, Mo.</b>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Alvin C. Beyer Student Embalmer No. 342  
working under my personal supervision.

Student Alvin C. Beyer  
Student Embalmer

Signed \_\_\_\_\_

John E. Rupp  
Licensed Embalmer No. 8986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.